56 STAND WITH ME, NOT BY ME, BE AN ALLY, DON'T BYSTAND BUT UPSTAND

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The Women's Clinician Network (WCN) led a workshop entitled 'Stand with me, not by me, be an ally, don't bystand, but UPSTAND' at SWBH NHS Trust. The aim was to empower colleagues with strategies to change behaviours from bystanding to upstanding in a momentum to change NHS cultures.

The NHS staff survey 2020 report 8.4% of staff reporting discrimination at work from managers/colleagues in the last 12 months. This has increased and at its highest level.

This workshop was delivered in response to another workshop delivered by the WCN entitled FEARLESS in February 2020 where 60 female clinicians were given strategies for response, courage and reflection in aspects of sexual and verbal abuse and harassment. 47% of female clinicians had experienced either verbal or physical sexual abuse in the workplace from colleagues and this rose to 76% from patients.

These environment leads to high sickness rates, underperformance, suboptimal team working and ultimately poor patient care.

The WCN appreciated that formal pathways were not working, and thus the next step was to empower colleagues witnessing this behaviour to change from bystanding to upstanding and creating ally's and a safe culture to call it out.

- 60% of delegates knew what upstanding was at the start and improved to 100% after the workshop.
- Only 33% of the delegates felt confident at upstanding at the start and this increased to 70% following the workshop.
- Only 60% of delegates were aware of the formal pathways of escalation for harassment before the event and this rose to 100%.
- Pre event 47% of delegates wanted to remove banter from the NHS. This decreased to 15% post event.

The workshop received positive feedback and the delegates felt more empowered to upstand and escalate formally should the need arise.

57 STANDARDISING WELLBEING FOR JUNIOR DOCTORS- THE WELLBEING CHECKLIST

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Junior doctor wellbeing is essential for both staff and patients. However, due to the rotational nature of junior doctor work, they can have difficulty accessing wellbeing services. Although there have been numerous campaigns and research into this topic, there is no standardised auditable list of requirements

incorporating expectations trainees should have from employers.

We aim, through introduction of The BMA Wellbeing Checklist, to audit and standardise wellbeing support available to junior doctors across the UK and increase accountability and support at trusts where wellbeing of junior doctors is at risk.

A working group was established to review existing literature, engage with stakeholders and design a standardised checklist of wellbeing services available to junior doctors.

The BMA Wellbeing Checklist was circulated across trusts in the UK and published on the BMA website, BMA representatives were encouraged to discuss this with management teams. There is the aim to audit in the future.

There is poor understanding of services that should be available to trainees nationally. A proactive, rather than reactive approach to wellbeing, would better inform and support junior doctors in accessing services and ensuring they are provided by employers.

58 SUPPORTING JUNIOR DOCTOR AND PHYSICIAN ASSOCIATE PARTICIPATION IN CLINICAL RESEARCH DURING THE COVID-19 PANDEMIC

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10.1136/leader-2021-FMLM.58

Background Covid-19 enabled clinicians to engage with urgent public health (UPH) randomised controlled trials (RCTs) investigating potential treatments. University Hospital Bristol and Weston (UHBW) prioritised three trials; Recovery, REMAP-CAP and TACTIC-R. Due to the rise in cases, it became difficult to screen, approach and recruit all patients. It is recognised that junior clinicians struggle to participate in research whilst working in fulltime clinical roles, therefore this project aims to address both issues.

Methods

- A senior research team was formed, including the Principal Investigator (PI), supporting consultant and five junior doctors, who enrolled in the Associate Principal Investigator (API) scheme.
- APIs encouraged and trained junior clinicians, increasing their involvement in trials.
- APIs facilitated two virtual education events delivering trial updates and review of local adverse events.
- A consultant-led recruitment rota, including weekends, was implemented to maximise recruitment.
- A WhatsApp group was created to enable secure communication between team members.

Results

- Junior clinician participation in research increased; 99 junior doctors and 4 physician associates (PAs) completed Recovery trial training. 76 were recognised as Recovery Trial collaborators.
- UHBW recruited 457 patients to the Recovery trial, 378 since the senior research team was implemented. UHBW reached the top 20 of 181 sites for recruitment regularly.
- Over 550 patients have been recruited to Recovery, REMAP-CAP and TACTIC-R.

Conclusion Clear leadership from the senior research team enabled UHBW to increase recruitment to UPC RCTs, contributing to vital Covid-19 research. A research rota and clear communication via secure networks enabled this. Expanding the research team to include junior clinicians created effective and sustainable trial recruitment. Four APIs completed the scheme, and four PAs have enrolled, ensuring ongoing clinician training.

59 SURGICAL BUDDIES

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10.1136/leader-2021-FMLM.59

Applying to core surgical training has always been a competitive and ambitious path with many applicants reaching out to expensive courses or literature to guide them through the application process. The COVID-19 outbreak heightened the difficulty and severed connections to previous support tools for foundation doctors interested in pursuing a surgical career during the pandemic. In the East Midlands, we identified this weakness and aimed to create a conduit to support our trainees through their application process.

The Surgical Buddies Scheme was created in September 2020. This scheme involved connecting current Core Surgical Trainees (CST) doctors with keen Foundation doctors interested in applying to CST. The intermediary, buddy scheme organisers matched juniors with the tutors based on shared interest and location.

26 foundation doctors (FY) joined the scheme across seven sites. The FY two doctors were given priority and were matched up with 22 CST doctors. Feedback forms were distributed to collect qualitative and quantitative data regarding their participation. The Feedback summary forms showed that the most common used contact platform was zoom (35.7%) and texting for additional support (35.7%). The average hours of contact spent were 4.2 hours. The qualitative feedback data from the FY doctors showed all their initial pre-scheme objectives were met.

Effective leadership led to the initializing and distribution of a Buddy network system to offer a one-to-one contact between applicant and tutor. The initiative of the original scheme led to a large team of tutor collectively supporting and guiding our cohort of applicants.

The success of the scheme was recognized by the Nottingham University Hospital (NUH) NHS trust Postgraduate Medical Education Team (PMED). The scheme expanded into a specialty specific NUH Peer Support Scheme. The CST application ideology has been extended to internal medical training, Psychiatry and General Practitioner training schemes.

60 THE ABC OF COMPASSIONATE LEADERSHIP – IMPROVING INTERNAL MEDICINE TRAINEES’ EXPERIENCES DURING COVID-19 PANDEMIC

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10.1136/leader-2021-FMLM.60

Background Working as a core medical trainee during the ‘first wave of COVID-19’ I had personal experience of the

worries and concerns of a trainee and felt that correspondence with junior physicians was poor, impacting on trainees’ well-being. As a leadership and education fellow I was able to apply my learning from postgraduate studies in leadership to improve Internal Medicine Trainee’s experiences at Surrey and Sussex Healthcare Trust.

Aims

- Identify key issues and possible solutions surrounding communication between the trust, Royal College of Physicians (RCP) and Internal medicine trainees (IMT)
- Develop and implement a range of interventions and strategies to provide additional support for IMT’s, including providing ongoing teaching within different environments.

Methods Whilst learning about different models of leadership, I was most interested in the ABC of compassionate leadership.

Autonomy and control – I had regular meetings with the RCP tutor to share concerns and anxieties of the trainees and provide answers. I used a weekly email during the peak of the pandemic to inform about upcoming changes.

Belonging - I introduced a ‘buddy’ system pairing an IMT to a senior registrar.

Competence – At East Surrey Hospital teaching and education continued. I set up the recording of these sessions and sharing them on the education campus website, so that trainees can access learning events at anytime.

Results Feedback collected from a survey reported advantages such as clinic support, exam help, career planning and changes with COVID. Being able to access online teaching has been invaluable for trainees to catch up on missed teaching sessions.

Conclusion Developing a more measured, compassionate and supportive leadership has many advantages and can lead to improvements in medical training, improving wellbeing of staff.

The key to improving medical education and training will be listening to trainees and communicating uncertainty.

61 THE EFFECTIVENESS OF SOCIAL MEDIA DURING THE COVID-19 PANDEMIC IN ENGAGING STUDENTS AND CLINICIANS IN MEDICAL LEADERSHIP AND MANAGEMENT TOPICS

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The Medical Leadership Competency Framework encourages both medical students and clinicians to actively engage in medical leadership and management (MLM) opportunities. The framework highlights that student-led societies are one way of achieving this objective. Due to the COVID-19 pandemic, the importance of social media became paramount in actively engaging users to the field of MLM topics. This study aims to examine the effectiveness of a social media approach in actively engaging medical students and clinicians to MLM topics.

At the start of the 2020/21 academic year, the Birmingham Medical Leadership Society (BMLS) selected two medical students onto their committee with experience of social media management and building a large virtual ‘following’. They